



For shipping and pick-ups: **855-392-5706**

For Technical questions: **877-392-5755**

Please Type

Doctor's Name: _____

Address/Location: _____

City: _____ State: _____ Zip: _____

Phone: _____

www.reliablearts.com

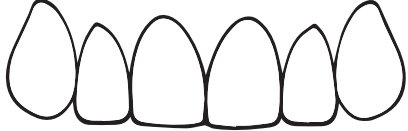
Patient First Name: _____

Last Name: _____

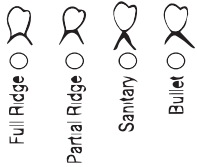
Age: _____ Male Female

Due Date: _____

SHADE: _____



PONTIC DESIGN



ANTERIOR METAL DESIGN



POSTERIOR METAL DESIGN

- Full porcelain coverage
- Porcelain with lingual metal collar
- Metal occlusal excluding buccal cusp
- Metal occlusal including buccal cusp

OCCLUSAL STAINING

- None
- Light
- Medium
- Dark

INSTRUCTION FOR BUCCAL MARGIN

- 360°metal hairline or ___mm.
- Metal-porcelain junction margin
- Porcelain butt margin

Rx PLEASE PRINT CLEARLY AND COMPLETELY

TOOTH NUMBER

PLACE TRACKING STICKER ON YOUR COPY HERE

- PFM**
- Non-precious
 - Noble, White
 - High Noble, White
 - Captek

- ALL CERAMIC**
- Full E.max
 - Full Zirconia
 - Layered E.Max
 - Layered Zirconia
 - Porcelain Veneer
 - Ceramage

- FULL CAST**
- Noble Yellow
 - High Noble, Yellow 56%
 - High Noble, Yellow 77%
 - High Noble, White
 - Noble, White
 - Non-Precious

- TEMPS**
- Resin Temps
 - Resin Temps with metal

- ACRYLIC**
- Full Denture
 - Chrome Partial
 - Flexible Partial
 - Custom Tray
 - Bite Block

ENCLOSED NOTE: Please send a study model on all work involving anterior teeth

- Impressions
- TT
- Bite
- Model
- Artic
- Crown/Bridge
- Other

Signature: _____

D.D.S. License #: _____

TERMS: All accounts are payable within 30 days of statement date. Accounts not paid within the stated terms will be subject to C.O.D. Status and late charge of 2% of unpaid balance.